



Application is hereby made to transmit annual 1098/1099/5498/W-2G information returns to Franchise Tax Board.

Name of Firm (Transmitter):		Date: / /
Address:		Federal Employer Identification Number: —
City, State and ZIP Code:		Reporting will begin with Tax Year: _____
Contact for Technical Information (Name):	Title:	Telephone (Area Code & Ext.) () — —

Please indicate the document type(s) you plan to file on cartridge, diskette, or CD.	
<input type="checkbox"/> 1098	<input type="checkbox"/> 1099 <input type="checkbox"/> 5498 <input type="checkbox"/> W-2G
Do you plan to act as a transmitter for other Payers?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

☐ CARTRIDGE ☐ CD ☐ DISKETTE

NOTE: 4mm or 8mm cartridges, and 9-track tape reels are not acceptable.

Name (Type or Print):	Title:		
Signature:		Date:	

FTB 4092 C3 (REV 12-2006)